

**UNITED STATES DISTRICT COURT**

WESTERN DISTRICT OF WASHINGTON

KATHLEEN GREENE,

Plaintiff/Petitioner

vs.

ERIC K. SHINSEKI, SECRETARY OF  
VETERANS AFFAIRS, Agency

Defendant(s)/Respondent(s)

Case Number:

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS,  
SUPPORTING DOCUMENTATION  
AND ORDER**I, (print your name) **Kathleen A. Greene**

declare I am the plaintiff/petitioner in the above entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present are *briefly* stated as follows:

In support of this application, I answer *all* of the following questions:

## 1. Are you presently employed?

Yes If Yes, state the amount of your salary or wages per month, and give the name and address of your employer (list both gross and net salary):

No If No, state the date of last employment and the amount of the salary and wages per month which you received:

**|October 31, 2011; Average monthly net wage of \$5109.33; gross monthly wage \$7289.68**

## 2. In the past twelve months, have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes", describe each source of money and state the amount received from each during the past twelve months:

Business, profession or other self-employment

Veteran's Benefits Administration wages July 1, 2011 to October 31, 2011, see # 1

Rent payments, interest or dividends

not applicable

Pensions, annuities or life insurance payments	\$11,292 net Federal pension; \$14880 gross Federal pension
Disability or workers compensation payments	\$ 9780 Social Security Disability payment with onset date of November 1, 2011
Gifts or inheritances	not applicable

Any other sources \$7793.33 net earned leave, \$11,190.34 gross federal earned leave; IRS tax refund \$1528.00

3. Do you own any cash, or do you have money in checking or savings accounts?

Yes If Yes, state the total value of each item (include prison account funds)

No Wells Fargo Checking account \$1992.32 Wells Fargo Savings account \$280.50

4. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes If Yes, describe the property and state its approximate value:

No 1999 Dodge Ram Truck-\$10,100; 1983 Terry Travel Trailer \$1300; see attached page

5. Are any persons dependent upon you for support?

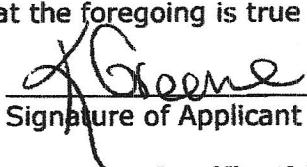
If Yes, state your relationship to those persons, and indicate how much you contribute toward their support:

Yes

No

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: October 15, 2012

  
Signature of Applicant

**Certification  
(For Prisoner Applicants Only)**

Have the institution fill out the Certification portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at

(Name of Institution)

Dated: \_\_\_\_\_ Signature of Financial Officer \_\_\_\_\_

**Order of Court**

The application is hereby denied.

The application is hereby granted. Let the applicant proceed without prepayment of costs or fees or the necessity of giving security therefor.

United States Judge  
or Magistrate Judge

Date

United States Judge  
or Magistrate Judge

Date

Continuation of Application to Proceed In Forma Pauperis Supporting Documentation and Order  
Kathleen Greene

1. No,

The last date of employment was October 31, 2011

Last annual salary of \$78,314.00; 26 pay periods of \$3001.60 with occasional overtime.

Additional information that may be considered as applicable to this application:

I owe \$16,400 in credit card debt.

I have chronic illnesses of asthma, chronic sinusitis and degenerative joint disease of the lumbar and cervical spine, severe arthritis of the bilateral hands and depression. I spend approximately \$100 to \$175 per month on office visits and prescriptions as well as approximately \$200 per month on health insurance premiums.